

COUNTY OF SAN BERNARDINO STANDARD PRACTICE

NO. 13-1 16 BY.

4-03-03

PAGE

1 OF 1 EFFECTIVE 10/96

Dr Dalal, Interim Medical Director

APPROVED

BEHAVIORAL HEALTH

SUBJECT

SAMPLE MEDICATIONS

Rudy Lopez, Director

PURPOSE: I.

To establish a uniform procedure in dispensing, handling and disposing of sample medications in outpatient clinics.

II. PROCEDURE:

- Sample medication must be maintained in a locked medication cabinet at each A. clinic.
 - 1. Department directs physicians to have a centralized location for sample medication storage.
 - 2. Individual physicians may choose to keep their own sample medication supplies but have to maintain an accurate log.
 - 3. Only physicians or designee(s) should have keys to the sample medication cabinet.
- B. Logging Sample Medications (See Attachment A)
 - 1. Centralized Location-Records of sample medications received from pharmaceutical companies and dispersed to individual patients and expired sample medication log will be maintained by Clinical Medical Director or/designee. The Clinical Medical Director will monitor central sample medication supply on a quarterly basis.
 - 2. Individual Physicians It will be the individual physician's responsibility to log received and dispensed sample medications to individual patients and discard expired medications.
- C. Receiving Sample Medications – Pharmaceutical representatives must deliver sample medications to physicians or their designee/s (nurse or psychiatric technician).
- Dispensing Physicians or Nurse (under physician's order) can give sample D. medications directly to the patients.
- Disposal of expired sample medication All expired sample medications should be E. logged and disposed in a designated biohazard container.

MEDICATION SAMPLES LOG

Name	Strength
Medication:	

Batch/Lot 2							
Date Received	Batch/Lot		Quantity		Expiration Date		
	ID ·	No.					
	1						
	2						
	3				· · · · · · · · · · · · · · · · · · ·		
	4						
	5						
	6				<u> </u>		
Date Dispensed	Bat	ch/ Lot ID	Qua	ntity	Med Rec #	Prescriber Name	
			_				
				<u> </u>			
				· · · · · · · · · · · · · · · · · · ·			
	 						
	<u> </u>						
	ļ						
			-				
	ļ						
	<u> </u>						
	1						

Attachment A Revised 4-03-03

SAMPLE MEDICATION LOG

CLINIC NAME:	PHYSICIAN:				
MEDICATION TYPE	E/QUANTITY	EXPIRATION DATE			
•					
A:SAMPMEDS.SPM					